

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

| | | |
|---|---|--|
| 1. (a) Name of Individual, Organization or Corporation DEFENDERS OF WILDLIFE ACTION FUND | | 3. FEC Identification Number C C90007907 |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1130 17TH ST NW | | |
| (c) City, State and ZIP Code WASHINGTON DC 20036 | | |
| 2. Corporate filers only | Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Individual filers only | Name of Employer | Occupation |

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

| | |
|---|---|
| M | M |
| 0 | 8 |

 /

| | |
|---|---|
| D | D |
| 0 | 8 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

THROUGH

| | |
|---|---|
| M | M |
| 0 | 8 |

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| | |
|---|---|
| D | D |
| 1 | 1 |

 /

| | | | |
|---|---|---|---|
| Y | Y | Y | Y |
| 2 | 0 | 0 | 8 |

6. TOTAL CONTRIBUTIONS

.00

7. TOTAL INDEPENDENT EXPENDITURES.....

618.93

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

William Lutz

08/12/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

DEFENDERS OF WILDLIFE ACTION FUND

Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 8 / 0 8 / 2 0 0 8Mailing Address
325 E 5th St #408

Amount

298.35

City
LovelandState
COZip Code
80537Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☒ House

State: CO

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

33548.24

Disbursement For:
2008☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Ed Yoon

Date

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 8Mailing Address
325 E 5th St #408

Amount

298.35

City
LovelandState
COZip Code
80537Purpose of Expenditure
mileageCategory/
Type

Office Sought:

☒ House

State: CO

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

33548.24

Disbursement For:
2008☒ Primary☐ General☐ Other (specify)Full Name (Last, First, Middle Initial) of Payee
Barbara Swietkowski

Date

M M / D D / Y Y Y Y
0 8 / 1 1 / 2 0 0 8Mailing Address
511 Knobcone Dr #107

Amount

22.23

City
LovelandState
CO

Zip Code

Purpose of Expenditure
milaeageCategory/
Type

Office Sought:

☒ House

State: CO

House

☐ Senate☐ President

District: 04

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Marilyn MusgraveCalendar Year-To-Date Per Election
for Office Sought

1943.98

Disbursement For:
2008☒ Primary☐ General☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures

618.93

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

618.93